California's Integrated Core Practice Model for Children, Youth and Families

Primer Series 3—Service Planning and Delivery

The California Integrated Core Practice Model for Children, Youth, And Families

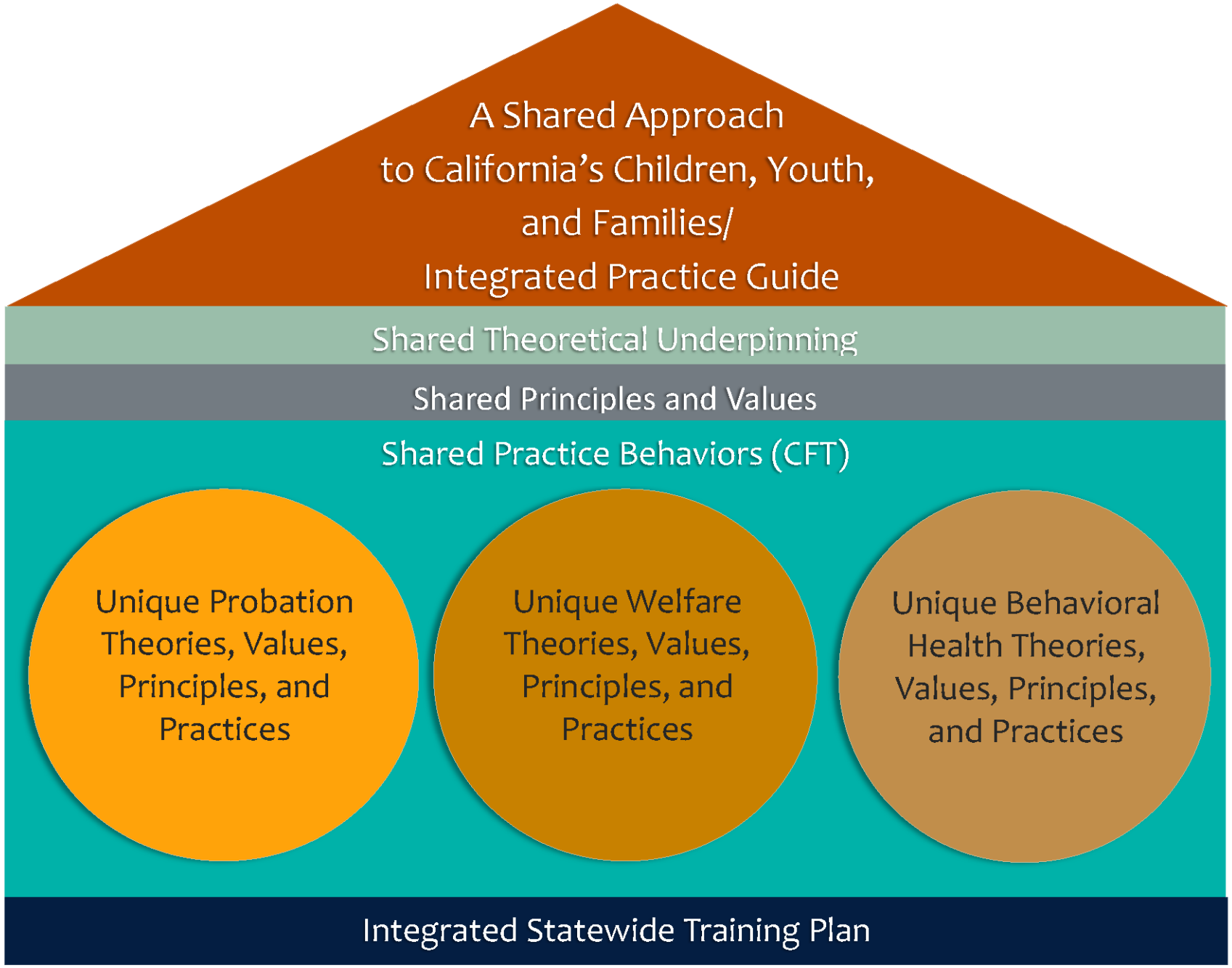
Introduction and Background…

- This is a ***primer*** in effective practices for service planning and delivery of services under the state's Integrated Core Practice Model, as a common element of behavioral health and child welfare practice.
- Today's focus is ***not on compliance*** with rules or mandates associated with care delivery.
- Rather, it is focused on the **professional values, principles and practice behaviors** which lead to high quality outcomes for youth and families in care in your agency.

Goals for Today:

- Identify and discuss how the State's ***Integrated Core Practice Model*** guides the processes of Service Planning and Delivery.
- Understand the link between successful Engagement, and Service Delivery and the resulting outcomes of effective care.
- Understand how using the CANS/Transformative Collaborative Outcomes Management (TCOM) to capture the ongoing assessment process informs and influences the Planning and Service Delivery process.

Integrated Core Practice Modeling



Elements of Integrated Core Practice Model

- **Engagement**
- **Assessment**
- ***Service planning and delivery***
- **Monitoring and adapting**
- **Transitioning**

This framework is built on the adoption of System of Care and wraparound values and principles that guided the Katie A. Settlement Agreement, as well as other research based theory and practice.

A little Review:
Engagement and Assessment lead to Service Planning and Delivery…

- Access to accurate information requires access to the whole story – available only when ***respect, empathy and trust*** are established with the family and others.
- Assessment begins with the very first contact, during the initial engagement process, while ***hearing the story*** and gathering details ***from the perspective*** **of the youth and family members**.
- Assessment continues as the professionals come to know the individuals and their story and can hypothesize about *why* things have occurred the way that they have (meaning and function).

Initial Service Planning

- Using Core Practice Principles and Behaviors, team trust and mutual respect are built. (Engagement never ceases.)
- Children, youth, and family members should feel consistently heard
- The needs chosen for initial focus **must include** those the family members want to work on (potentially in addition to any that are legally mandated and/or identified as urgent in the initial assessment process)
- When planning interventions, informal supports and resources are emphasized. The use of natural supports is less stigmatizing and those supports are far more likely to remain in place, after the care episode ends.

Initial Planning and Delivery

- **Participation in activities and resources that can be used by anyone in the community are preferred over formal services and resources if similar outcomes can be achieved.**
- **The initial planning phase should be completed during one or two meetings that take place as quickly as possible following the initial intake/admission process.**
- **A rapid time frame is intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.**

Additional Considerations As Planning Begins

- Children in Foster Care often have incomplete histories, which adds greater risk of inaccurate assessment and misunderstanding of behavioral meaning
- *Understanding and acknowledgement of life stories and experiences*, including the integration of various perspectives, is critical for selecting interventions that support effective coping and healing
- Families involved in Child Welfare have often experienced generational and historical trauma
- Substitute parents (kin, foster, guardian, and adoptive)may also be grieving loss that can be triggered by their children's survival behaviors in a way that compromises empathetic acceptance and the child's attachment

Communication is CRITICAL at this juncture…

- *Public system partners for multi system involved youth, each have a different focus in their responsibility.*
- *Absent shared, consistent, routine consideration of goals, strengths, needs and interventions--the team and family can easily get confused or fractured in their efforts*
- *The CANS process defines **what** is happening **now** (30-day window) with a rating scale that reflects shared understanding and agreement of the team to ensure that communication about what is working or not can be accomplished from a common perspective.*

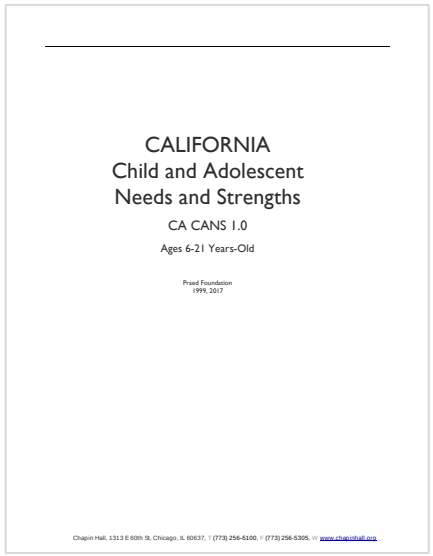
What is the CANS?

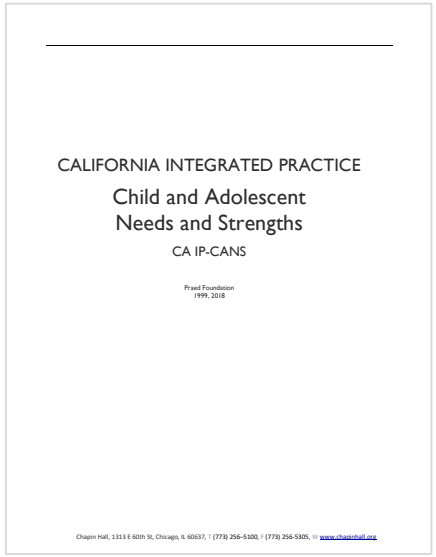
*The Child and Adolescent Needs and Strengths is an **information integration tool** that is used to identify the needs and strengths of children/youth and their families.*

*Its underlying philosophy and approach is **person-centered**: continuously aligning the work of all members of the team with the identified strengths and needs of individual children and families at all levels of the system.*

*Consensus ratings by multiple informants across a consistent and comprehensive set of strengths and needs helps achieve a **collaborative, consensus-based assessment** – a common language framework that aids system understanding of presenting issues across multiple levels—family, program, and system.*

The Child and Adolescent Needs and Strengths is the functional assessment tool chosen by CDSS and DHCS for use with children and youth.


CALIFORNIA
Child and Adolescent
Needs and Strengths
CA CANS 1.0
Ages 6-21 Years-Old
Praed Foundation
1999, 2017
Chapin Hall, 1313 E 60th St, Chicago, IL 60637, T (773) 256-5100, F (773) 256-5305, W www.chapinhall.org


CALIFORNIA INTEGRATED PRACTICE
Child and Adolescent
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CA IP-CANS
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DHCS CANS: California CANS 50

- Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, Strengths, Cultural Factors and Caregiver Resources and Needs

CDSS CANS: Integrated Practice-CANS

- Includes the items from the CA CANS 50 plus – Truamatic/ Adverse Childhood Experiences and Early Childhood Domain (for birth through age 5)

Use of the CANS over time allows for the monitoring of outcomes and services.

California: CANS 50 and the IP-CANS

Benefits of Using CANS

- The approach required to effectively gather information for the CANS builds on engagement with the child, youth, NMD and family, and others, offering the opportunity to create an accurate and comprehensive understanding of the family story, demonstrating respect, empathy, and acknowledgement of life experiences.
- CANS scoring tool creates a *standardized format* to organize and present information to support effective communication and the opportunity to resolve differences in perspectives about needs and strengths.
- CANS translates assessment information into a data format that can be tracked over time for shared monitoring of progress and the outcome of intervention strategies.
- The use of a cross-agency CANS process creates a common language and shared understanding across disciplines, while CFT membership facilitates shared decision-making and results in more comprehensive, integrated service plans.

Tips and Cautions

- CANS items describe the ***WHAT not the WHY.***
- Not intended to be used as a question/answer template; nor to be used by a single person rater.
- Child safety and community safety are non-negotiable; it is critical that the family understands what that means.
- Scores must be confirmed by the family; if family members do not agree with scores, they must at least understand why those scores were made and what is required to alter the assessment of need.
- Item scores *inform* the plan but *should not drive* the plan. The family's voice, choice and preferences carry the most weight in creating the plan.

- The ICPM supports a cross-system, cross-agency team environment that more effectively and efficiently addresses concurrent and complex child, youth, and family needs.
- The ICPM is a framework that sets the Child and Family Team as the primary vehicle for a team-based process. (ACL 16-84 and ACL 18-23)
- When used as part of the CFT process, the CANS will help CFT members to assess well-being of children, youth, and NMDs, identify their strengths and needs, inform support care coordination, aid in case planning activities, and inform decisions about placement. (ACL 18-81)

CFTs, ICPM and CANS in a Service Planning System

CFTs, ICPM, CANS and Case Planning

It is important to integrate the CFT case plan across systems, perspectives, and individual needs based on information shared by:

CANS process

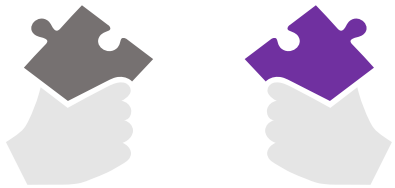
Child, youth, or NMD, family, and placing agency

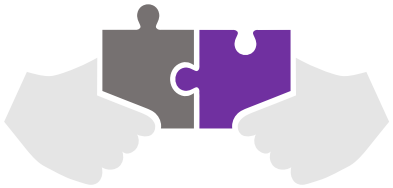
Service providers

Family members

Community supports

Natural supports





Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.

CANS: Enhancing and Supporting the CFT

The **Child and Family Team (CFT)** is the vehicle for collaboration on assessment, case planning and placement decisions.

Summarizes the Assessment Process

The CANS is intended to be the process by which the assessment information is organized, summarized, used and communicated <u>after</u> it has been collected.

Integrates the Family's Story

The CANS provides a summary of the family's story, but it should be done as an integration of multiple story tellers.

Develops a Shared Vision

The consensus-based process of determining action levels on items, and prioritizing relevant needs and strengths to build creates a shared understanding from which a coordinated plan is developed.

Supports Change Management

Mapping the CANS to the plan facilitates outcomes monitoring and management by the team members, allowing for plan adjustment, acknowledgement of accomplishments and celebrating goals that have been met.

CFT & CANS: An Organic Process

First CFT Meeting (ER/Court)

- Ask good questions to elicit needs & strengths of the child & parent(s)
- Implicitly verbally scale these using CANS to assess action levels

Social Worker (or CFT facilitator, or BH)

Use information gathered in first CFT meeting to draft the CANS tool

Case Planning CFT Meetings

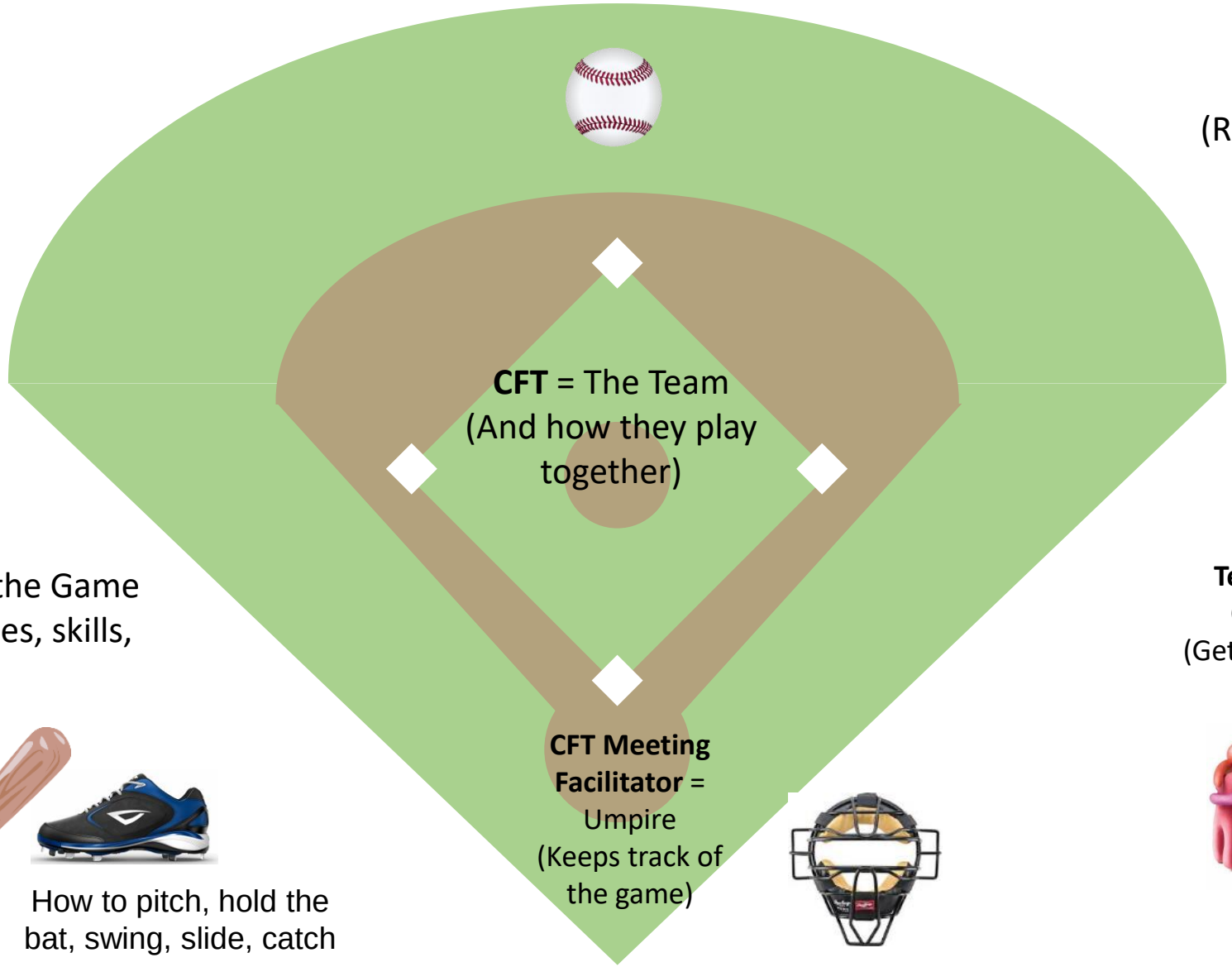
- Bring draft CANS
- Discuss needs & strengths identified at prior meeting(s), including CFT
- Build consensus on ratings and prioritization of

Create a behaviorally-based case plan to address prioritized needs and build on strengths

Integrated Core Practice Model = Baseball
(The game & its rules)

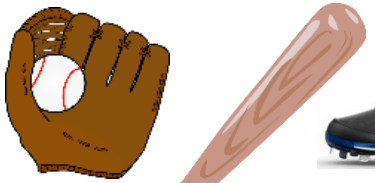
CANS = Stats
(Record & communicate what is happening)

Players =
Child/youth
Family
SW/PO
MH clinician
Resource parent
FFA or STRTP
Tribe
Other natural supports



CFT = The Team
(And how they play together)

SOP = How You Play the Game
(Techniques, strategies, skills, equipment)



How to pitch, hold the bat, swing, slide, catch

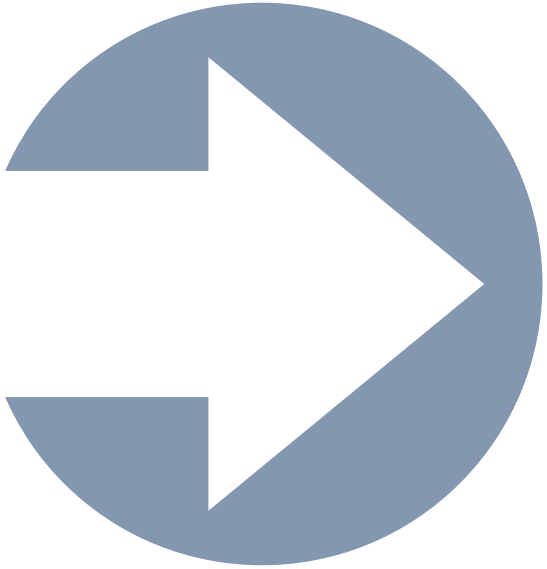
CFT Meeting Facilitator =
Umpire
(Keeps track of the game)

Team Huddles =
CFT Meetings
(Get together to plan next steps)

NORTHERN CALIFORNIA TRAINING ACADEMY

ICPM and TCOM go together…

- Family-driven; youth guided
- Community-based
- Natural supports



Collaboration and Integration

Culturally Responsive and Respectful

Outcomes-based

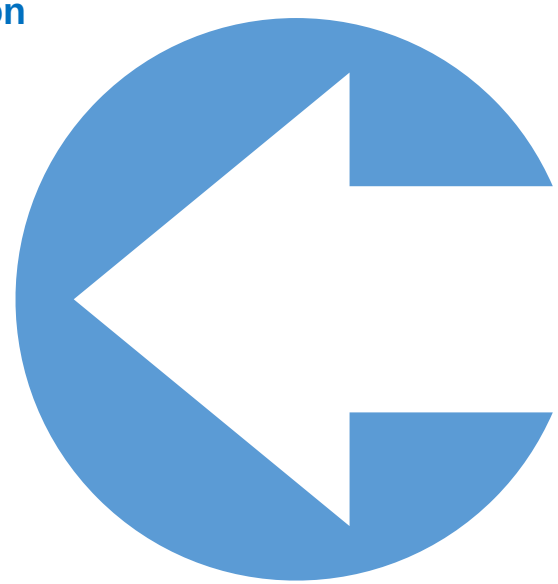
Strengths-based

Team-based

Family Voice and Choice

Personalized/Individualized

Trauma Informed



- Personal transformation
- Consensus on action
- Information about children, youth and families informs decision making at all levels of the system

Integrated Core Practice Model

Transformational Collaborative Outcomes Management

In Review:

- The State's ***Integrated Core Practice Model*** contains principled and behavioral guidance to support Service Planning and Delivery
- Engagement and Assessment are never ending and support Service Delivery
- Understanding the link between successful Engagement and Service Delivery and the resulting outcomes of effective care delivery is important for all professionals.
- The CANS/Transformative Collaborative Outcomes Management (TCOM) process informs and influences the Planning and Service Delivery process